

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

2407

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. 4515 Genevieve ave. St.          Ward)         

File No.           
 Registered No. 62

**2. FULL NAME** Robert Samuel Shaw.

(a) Residence, No. .... St. 7 Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1865.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
66. 9 3.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alamex Co. N Carolina

13. NAME Robert Shaw.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Amelia Albright.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown.

17. INFORMANT (ADDRESS) Minnie Shaw 4515 Genevieve ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem. DATE Jan 4th 1932

19. UNDERTAKER (ADDRESS) Wm. J. Schumacher 4534 Grand Bridge

20. FILED 4N-3 1932 O. J. Morrow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1931 to Jan 2 1932

I last saw him alive on Jan 2 1932 Death is said to have occurred on the date stated above, at         

The principal cause of death and related causes of importance were as follows:

Chronic nephritis  
interstitial

Other contributory causes of importance:  
Chronic Endocarditis  
Myocarditis

Name of operation none Date of           
 What was confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury         , 19         

Where did injury occur?          (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify           
 (Signed) Wm J Harrison M.D.  
 (Address) 2743 Grand

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

